STANDARD FORM 144 (Rev. 10/95) Page 2 Office of Personnel Management The Guide to Processing Personnel Actions

STATEMENT OF PRIOR FEDERAL SERVICE To be Completed by Employee

1. Name (Last, First, Middle Initial)	Social Security Number					3. Date of Birth (Month, Day, Year)			
4 Does the application or resume that you submitted	for the n	position to	which vo	u are bein	a appoint	ed list al	l of your Federa	al government civ	ilian and
4. Does the application or resume that you submitted, for the position to which you are being appointed, list all of your Federal government civilian and uniformed service, including beginning and ending dates, as well as the type of appointment and work schedule for civilian service?									
Yes - If "Yes", check this block and skip to Item							e Items 5 - 9.		
5. List below your prior civilian service. Include service with the DC Government on appointments made before October 1, 1987.									
NAME AND LOCATION OF AGENCY	FROM			TO			TYPE OF APPOINTMENT AND WORK SCHEDULE		
	Year	Month	Day	Year	Month	Day	(Full-Time, Part-Time, or Intermittent)		
6. During periods of employment shown in Item 5, die	d you have	e a total of	more th	an 6 mont	hs' absend	ce withou	ut pay during ar	y one calendar y	ear?
☐ Yes - If "Yes", list the following information. ☐ No - If "No", go to Item 7.									
TYPE OF ABSENCE, IF KNOWN (LWOP, Furlough, Suspension, AWOL, or Placement in Nonpay Status)	FROM			ТО			TOTAL		
	Year	Month	Day	Year	Month	Day	YEARS	MONTHS	DAYS
7. List all uniformed service below. List active service	e in any b	ranch of th	ne Armed	d Forces o	f the Unite	ed States	s, including activ	re duty as a rese	rvist, and
active service in the commissioned corps of the Publi									
BRANCH OF SERVICE	FROM			ТО			DISCHARGE		
	Year	Month	Day	Year	Month	Day	(Hono	(Honorable or Dishonorable)	
8. Do you claim any type of veterans' preference which has not been verified?									
No Yes - Check one of the statements, if it applies to you. I claim preference as the:									
Spouse of a disabled veteran Mother of a deceased or disabled veteran Unmarried widow/widower of a veteran									
9. CERTIFICATION: The prior Federal civilian and uniformed service listed on my application/resume and listed above constitutes my entire record of Federal employment. I have no other Federal service for which I want to claim credit.									
Signature Date									